



# Dental Golf Association of Oregon

## Member Registration Form - 2010

### DGA MEMBER INFORMATION

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Office Address1\* \_\_\_\_\_

Office Address2 \_\_\_\_\_

Office City\* \_\_\_\_\_

Office State\* \_\_\_\_\_

Office Zip\* \_\_\_\_\_

Phone\* \_\_\_\_\_

Email\* \_\_\_\_\_

Password\* \_\_\_\_\_ (4-8 characters – new for this year)

### GOLF INFORMATION

USGA Handicap Index \_\_\_\_\_

GHIN# \_\_\_\_\_

18-Hole Average \_\_\_\_\_

**Please mail this form and a check for \$50 to DGA:**

David A Renton DMD  
1750 McKillican  
West Linn, OR 97068